



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MPA/156805

PRELIMINARY RECITALS

Pursuant to a petition filed April 11, 2014, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Division of Health Care Access and Accountability in regard to Medical Assistance, a hearing was held on May 29, 2014, at Kenosha, Wisconsin.

The issue for determination is whether the Department of Health Services, Division of Health Care Access (DHS) and Accountability correctly denied the Petitioner's request for an MRI on April 7, 2014.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

;

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703

By: OIG by letter

Division of Health Care Access and Accountability
1 West Wilson Street, Room 272
P.O. Box 309
Madison, WI 53707-0309

ADMINISTRATIVE LAW JUDGE:

Mayumi M. Ishii
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Kenosha County.

2. On April 7, 2014, Petitioner's physician submitted a request for prior authorization of an MRI in order to rule out a muscle tear. The physician specifically ordered an MRI for "lower extremity, other than joint without contrast materials." (Exhibit 2, pgs. 6 and 7)
3. On the same date, MedSolutions, DHS consultant agency, sent Petitioner's physician an electronic note indicating, "we are unable to approve the requested procedure based on MedSolutions Musculoskeletal Imaging Guidelines. The clinical information provided does not describe the results of a recent plain x-ray." (Exhibit 2, pg. 6)
4. Also on that same date, DHS sent the Petitioner a letter indicating that the request for services was denied. (Exhibit 1)
5. The Petitioner filed a request for fair hearing that was received by the Division of Hearings and Appeals on April 11, 2014. (Exhibit 1)
6. Petitioner suffers from hamstring pain in his left leg and he has not responded to medication. Petitioner's physician did not indicate that any x-rays of the leg had been taken prior to April 7, 2014. (Exhibit 2, pgs. 6 and 7)
7. Petitioner's physician had an x-ray done of Petitioner's leg two weeks prior to the May 29, 2014 hearing and Petitioner's physician has submitted a new request for the subject MRI. (Testimony of the Petitioner)

DISCUSSION

Physician-prescribed diagnostic services can be covered by Medicaid/BadgerCare, if they are consistent with good medical practice. Wis. Admin Code §§DHS 107.06(1) and 107.25. DHS has now decided to make payment of CT, MRI, and PET scans subject to prior authorization, in an effort to determine if the desires use of the CT, MRI or PET scan is consistent with good medical practice. This prior authorization requirement was announced to providers in an *MA Update*, #2010-92, issued to all providers in October, 2010. The triage of coverage is performed by DHS's agent, MedSolutions, as described in the written policy:

MedSolutions utilizes evidence-based clinical guidelines derived from national medical associations' recommendations to determine the medical necessity and appropriateness of the requested service(s). The guidelines are published on the MedSolutions Portal. MedSolutions will make a PA determination based on current ForwardHealth policy in conjunction with the MedSolutions guidelines. Providers are reminded that an approved PA does not guarantee reimbursement for the service.

ForwardHealth Update #2010-92, at p. 3 (October, 2010). See also topic 10678 in the on-line provider handbook found at:

<https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks>

The Musculoskeletal Guidelines used by MedSolutions can be found on their website at:

http://www.medsolutions.com/documents/guidelines/guideline_downloads

On page 13 of the guidelines it discusses the use of MRI for muscle/tendon injuries:

MS-11.1 Muscle/Tendon Unit Injuries/Diseases – General

- MRI without contrast can be considered for a suspected partial tendon rupture of a specific (named) tendon
- MRI is NOT needed for muscle belly strains/muscle tears

- MRI without contrast can be performed on complete tendon ruptures for pre-surgical planning (for example, proximal hamstring ruptures)

References

1. *ACR Appropriateness Criteria®*, *Chronic ankle pain*, 2009.
2. Greene WB (Ed.). *Essentials of Musculoskeletal Care*. 3rd Ed. Rosemont, IL, Academy of Orthopaedic Surgeons, 2005, p.452.
3. O’Kane JW. Anterior Hip Pain. *Am Fam Physician* 1999 Oct;60(6):1687-1696.

(See also Exhibit 2, pg. 17)

However, the use of the MRI, must also meet general approval guidelines found on page four of the guidelines. Among the those general guidelines is the requirement that, “Many episodes of pain, particularly those involving the joints, should be evaluated with appropriate plain x-rays and then managed with at least 6 weeks of non-surgical care prior to considering advanced imaging.” *Emphasis added*. Med Solutions Musculoskeletal Guidelines, 16.0, effective 2/21/14; Exhibit 2, pg. 16)

Because Petitioner’s physician wanted the MRI to rule out a muscle tear and because the Petitioner’s had not tried to evaluate the injury using a plain x-ray first, the request for the MRI could not be approved, based upon the guidelines above. Thus, DHS correctly denied Petitioner’s request for an MRI on April 7, 2014.

The Petitioner should note that if DHS denies his physician’s most recent request for an MRI, even though a plain x-ray has now been performed, the Petitioner can file a NEW request for fair hearing.

CONCLUSIONS OF LAW

DHS correctly denied Petitioner’s request for an MRI on April 7, 2014.

THEREFORE, it is

ORDERED

That the petition is dismissed.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

APPEAL TO COURT

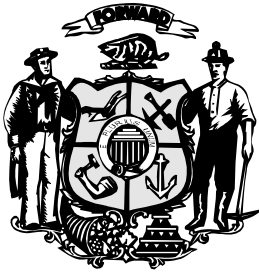
You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Room 651, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee,
Wisconsin, this 18th day of June, 2014.

\sMayumi M. Ishii
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on June 18, 2014.

Division of Health Care Access and Accountability